

REQUEST FOR IC ☐, UC ☐, OR IC & UC ☐ ACCOUNT

(check the appropriate block)

1. Name (Last, First, MI):

2. Organization and Position Title:

3. Phone Number:

4. Mailing Address:

5. Fax Number:

6. Do you have Internet access: Yes ☐; No ☐
Internet Address:

7. DOL CPO and DOL Chargeback Code:

8. Social Security Number (SSN):

9. SON/POI:

10. The user designated above is authorized for use of this account for the reasons stated.

Approving Official

Date

11. This account is requested in support of my Injury/Unemployment Compensation Administrator duties. I understand that I will be held accountable for all use of this account. I will not share my account or password with any other person or organization. I understand that any unauthorized use of this account will result in the immediate termination of the account.

Signature

Date

FOR SYSTEMS ADMINISTRATION USE ONLY

12a. User Name:

12b. ICUC Password:

13a. SLIP Login ID:

13b. SLIP Password:

14. Administrator:

15. Date of Activation:

16a. Date of Termination:

16b. Reason for Termination:

17. Comments: